

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W	76530	06-27-0
O.I.P.E. CLASSIFIER	ll	20	7/1
FORMALITY REVIEW		823	8/10
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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